1386968

FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

AHE 10 2007

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

	SEC USE ONLY						
Prefix	Serial						
DATE RECEIVED							
	1						

		<u>, </u>
	endment and name has changed, and indicate change.)	
	s of Black Swan Fixed Income Alternative Fund, L.P.	I IDENT EGIII INNI NOVI INNI NOVI DENEZ IIN ING
Filing Under (Check box(es) that apply): Rul	e 504 🔲 Rule 505 🖾 Rule 506 🔲 Section 4(6) 🔲 UL	.OE
Type of Filing: New Filing	Amendment	
	A. BASIC IDENTIFICATION DATA	—— 07074501
1. Enter the information requested about the issue	er	01014001
Name of Issuer (check if this is an ame	endment and name has changed, and indicate change.)	
Black Swan Fixed Income Alternative Fur	nd, L.P.	
Address of Executive Offices (No.	and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
112 E. Pecan Street, #900, San	Antonio, Texas 78205	(210) 477-7616
	· · · · · · · · · · · · · · · · · · ·	er (Including Area Code)
(if different from Executive Offices)		(
Brief Description of Business		
Investment Partnership		
Type of Business Organization		
corporation	limited partnership, already formed	other (please specify)
business trust	limited partnership, to be formed	
Actual or Estimated Date of Incorporation or Or	rganization: Month 1 0 (Year 0 6 ⊠ Actual □ Estimated
Jurisdiction of Incorporation or Organization: (I	Enter two-letter U.S. Postal Service abbreviation for State: DE	
	CN for Canada; FN for other foreign jurisdiction)	
		w.
GENERAL INSTRUCTIONS		
	ance on an exemption under Regulation D or Section 4(6), 17 CFR 230 501 et seq. or	* *

received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTON

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (2-97)

AUG 1 3 2007

THOMSON FINANCIAL

			A. BASIC IDENTIF	ICATION DATA	· · · · · · · · · · · · · · · · · · ·	
2.	Enter the information r	equested for the fo	llowing:			
X X	Each beneficial owner issuer;	having the power	has been organized within the p to vote or dispose, or direct the	vote or disposition of, 10% or		
X X	Each executive officer Each general and mana		porate issuers and of corporate	general and managing partner	s of partnership is	suers; and
_	eck Box(es) that Apply:		Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner
	ll Name (Last name first, ack Swan Advisers, L.P.		r			
Βu		ress (Number and	Street, City, State, Zip Code)			
Ch	neck Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner
Bl	ll Name (Last name first, ack Swan Capital, LLC	, General Partner				
	isiness or Residence Add 2 E. Pecan Street, #900,		Street, City, State, Zip Code)			
	neck Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner
	ll Name (Last name first, alker, S. Tobin, Manage		tner of General Partner			
Вι		ress (Number and :	Street, City, State, Zip Code)			.
	neck Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Fu	Il Name (Last name first,	if individual)				
Βι	isiness or Residence Add	ress (Number and	Street, City, State, Zip Code)			
Ch	neck Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Fu	ll Name (Last name first,	if individual)				
Βι	siness or Residence Add	ress (Number and	Street, City, State, Zip Code)			
Cł	neck Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Fu	ill Name (Last name first,	, if individual)				
Βι	isiness or Residence Add	ress (Number and	Street, City, State, Zip Code)			
Cł	neck Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Fu	Ill Name (Last name first,	, if individual)		- -		
Βι	isiness or Residence Add	ress (Number and	Street, City, State, Zip Code)			· · · · · · · · · · · · · · · · · · ·

						B. IN	FORM	IATIO	N ABO	UT OI	FERI	NG	•	
1. H	as the iss	uer sold			er intend so in Ap	to sell,	to non-a	ccredite	d invest	ors in th	is offeri		Yes	No 🗵
2. W	What is the minimum investment that will be accepted from any individual?											\$ <u>500,</u>	00.00	
3. D	Does the offering permit joint ownership of a single unit:										Yes ⊠	No		
in of re (5 fo	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Full Na	Full Name (Last name first, if individual)													
Busine	ss or Res	idence /	Address	(Numbe	r and Sti	reet, City	y, State,	Zip Cod	le)					
Name	of Associ	ated Bro	oker or I	Dealer										
	n Which													AD C
					•									All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	(NH)	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	=	
Full Na	ıme (Las	t name t	irst, if in	idividua	l)									
Busine	ss or Res	idence A	Address	(Numbe	r and Sti	reet, Cit	y, State,	Zip Coo	le)		•			
Name	of Associ	ated Bro	oker or I	Dealer									·	:
	in Which													
•	"All Sta				,								⊔	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Na	ame (Las	t name f	irst, if in	ıdividua	1)									
Busine	ss or Res	idence A	Address	(Numbe	r and St	reet, Cit	y, State,	Zip Coo	ie)			•	• • • • •	
Name	of Assoc	ated Bro	oker or I	Dealer										
States	in Which	Person	Listed H	las Solic	ited or I	ntends t	o Solici	Purcha	sers	-		-		
(Check	"All Sta	tes" or o	check inc	dividual	States).	• • • • • • • • • • • • • • • • • • • •	•••••		••••••		······			All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	(NH)	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
-	-	_	-	-	-	·		•				-		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Aggregate Amount Already Offering Price Sold Debt 0 Equity 0 0 ☐ Common ☐ Preferred Convertible Securities (including warrants)..... 0 10,485,950.00 Partnership Interests. 10,485,950.00 Other (Specify _____) Total 10,485,950.00 10,485,950.00 Answer also in Appendix, Column 3, if filing under ULOE 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if the answer is "none" or "zero." Number Aggregate Investors Dollar Amount of Purchases 10,485,950.00 Accredited Investors 0 Non-accredited Investors 0 Total (for filings under Rule 504 only)..... N/A N/A Answer also in Appendix, Column 4, if filing under ULOE 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Type of offering Type of Dollar Amount Security Sold N/A Rule 505 N/A Regulation A..... N/A N/A N/A Rule 504..... N/A Total N/A N/A a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees.....

d-1495800_3.DOC

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5,000

0

0

0

5,000

Printing and Engraving Costs

Other Expenses (identify)

Total

	C. OFFERING PRICE, N	UMBER OF INVESTORS, EXPENSES AND US	E OF P	ROCEED	S
	and total expenses furnished in response to P	e offering price given in response to Part C-Question 1 art C-Question 4.a. This difference is the "adjusted gross			\$ <u>10,480,950.00</u>
5.	each of the purposes shown. If the amount for	oss proceeds to the issuer used or proposed to be used for or any purpose is not known, furnish an estimate and total of the payments listed must equal the adjusted gross Part C-Question 4.b. above.			
	•		Ó Dire	ments to fficers, ectors, & ffiliates	Payments To Others
	Salaries and fees		s		s
	Purchase of real estate		S		\$
	Purchase, rental or leasing and installa	tion of machinery and equipment	\$		\$
	Construction or leasing of plant building	ngs and facilities	\$		S
		ting the value of securities involved in this offering that sor securities of another issuer pursuant to a merger)	s		\$
	Repayment of indebtedness		s		s
	Working capital		s	□	\$
	Other (specify) (investments)		\$	⊠	\$ <u>10,480,950.00</u>
	Column Totals		s	⊠	\$ <u>10,480,950.00</u>
	Total Payments Listed (column totals	added)		\$ <u>10,</u>	480,950.00
		D. FEDERAL SIGNATURE			
sign	iture constitutes an undertaking by the issuer to	by the undersigned duly authorized person. If this notice of furnish to the U.S. Securities and Exchange Commission redited investor pursuant to paragraph (b) (2) of Rule 502.	s filed un	der Rule 50 ritten reque	05, the following st of its staff, the
Iss Bl L.l	uer (Print or Type) uck Swan Fixed Income Alternative Fund,	Signature Whethey Date Aug.	<u> </u>		
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)			
Ju	e Whitney	Chief Compliance Officer and Director of Consulting and LLC, general partner of Black Swan Advisors, L.P., gene			Swan Capital,
		ATTENTION			
_	Intentional misstatements or omi	ssions of fact constitute federal criminal violation	ıs. (See	18 U.S.C	. 1001).

		E. STATE SIGNATURE		·					
1.		resently subject to any of the disqualification prov	risions of such	Yes	No ⊠				
	See Appendi	x, Column 5, for state response.							
2.	 The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law. 								
3.	 The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. 								
4.		ssuer is familiar with the conditions that must be s which this notice is filed and understands that the at these conditions have been satisfied.							
	The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.								
Bla	Issuer (Print or Type) Black Swan Fixed Income Alternative Fund, L.P. Signature Date 17, 2007								
Na	Name of Signer (Print or Type) Title of Signer (Print or Type)								
Jun	e Whitney	Chief Compliance Officer and Director of Consulting and Marketing of Black Swan Capital, LLC, general partner of Black Swan Advisors, L.P., general partner							

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3		4	<u></u>		5		
	non-acc investors (Par	to sell to credited s in State rt B- n 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Туре	Type of investor and amount purchased in State (Part C-Item 2)					
C4-4-	Var	Na	Limited Partnership	Number of Accredited	A	Number of Non- Accredited Investors	A			
State	Yes	No	Interests	Investors	Amount	investors	Amount			
AL								 		
AK								 		
AR			-							
CA										
СО							<u> </u>			
СТ										
DE										
DC										
FL		1								
GA				-		-				
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MA		ļ <u>-</u>								
MI										
MN						 				
MS										
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APPENDIX

l	2	2	3		4					
	Type of security Intend to sell to non-accredited offering price investors in State (Part B- Item 1) Type of security and aggregate offering price investors in State (Part C- Item 2) Type of investor and amount purchased in State (Part C-Item 2)							Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
G	V		Limited Partnership	Number of Accredited	A -	Number of Non- Accredited Investors	A 0			
State	Yes	No	Interests	Investors	Amount	investors	Amount			
MT			_	-						
NE		<u> </u>								
NV NH										
NJ										
NM										
NY					-					
NC										
ND										
ОН										
ок										
OR										
PA										
RI										
SC										
SD										
TN										
TX		No	Limited Partnership Interests \$10,485,950	5	\$10,485,950	0	\$0	No		
UT										
VT										
VA										
WA							<u> </u>			
wv										
WI	<u> </u>	<u> </u>								
WY										

APPENDIX

1	:	2	3		4				
	non-accinvestors (Par	to sell to credited s in State rt B- m 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Туре	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount		
PR	<u> </u>								

END